

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID#	DATE
FEE DETERMINATION	T-C	49	03-06-01
O.I.P.E. CLASSIFIER			3/2/01
FORMALITY REVIEW	MH	504/920	03-08-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	03/01/01
2	03/01/01
3	03/01/01
4	03/01/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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 03/01/01

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